

Form 13
Revised (01/2006)

EMPLOYEE PERFORMANCE APPRAISAL
STATE OF ALABAMA
Personnel Department

Employee Name: WINIFRED A BLACKLEDGE
Agency: 061/MENTAL HEALTH & RETARDATION
Classification: M H SOCIAL WORKER II
Period Covered From: 01/01/2006 To: 01/01/2007

Social Security Number: XXX-XX-0861
Division: 313E/CENTRAL OFF MR COMM PRO
Class Code: W2000 Position #: 08823006
Annual Raise Effective: MARCH 2007

APPRAISAL SIGNATURES: Signatures are to be provided after the form has been completed. Signatures denote supervisor and employee discussion and receipt of form. Employee signature does not denote agreement. All signatures are mandatory.

Rating Supervisor	Employee	Reviewing Supervisor
SSN <u>XXX-XX-6988</u>		SSN <u>XXX-XX-</u>
<u>Kendra Butler</u> Rater Signature		 Reviewer Signature
<u>Kendra Butler</u> Rater Printed Name	 Employee Signature	 Reviewer Printed Name
<u>1/4/07</u> Date	 Date	 Date
 Initial if comments attached	 Initial if comments attached	 Initial if comments attached

PERFORMANCE APPRAISAL SCORE: Locate the Responsibility Score on the back of this form and write it in the appropriate space. Locate the Disciplinary Score, also on the back of this form, and write it in the appropriate space. The Disciplinary Score is subtracted from the Responsibility Score to derive the Performance Appraisal Score. Mandatory documentation is to be maintained in the agency's personnel files if a "Does Not Meet" or "Consistently Exceeds" rating is given.

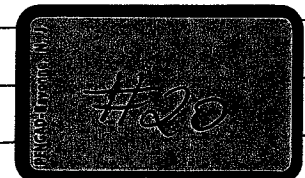
25.7 Responsibility Score - 0 Disciplinary Score = 25.7 Performance Appraisal Score

This employee's work:

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does Not Meet Standards (6.6 or below)	Partially Meets Standards (6.7 - 16.6)	Meets Standards (16.7 - 26.6)	Exceeds Standards (26.7 - 36.6)	Consistently Exceeds Standards (36.7 - 40)

WORK HABITS: Check the appropriate space for each Work Habit area. Work Habits pertain to conduct occurring in this Appraisal period. Provide an explanation below for marking any work habit as "Unsatisfactory." Attach additional sheets if necessary. No disciplinary action has to be taken to mark a Work Habit "Unsatisfactory."

	Unsatisfactory	Satisfactory
Attendance	_____	_____✓
Punctuality	_____	_____✓
Cooperation with Coworkers	_____	_____✓
Compliance with Rules	_____	_____✓



RESPONSIBILITIES: List an abbreviated version of the employee's responsibilities below as documented on and discussed during the Preappraisal. Record the appropriate rating in the box for each responsibility. Rating(s) of appropriate responsibilities should reflect any disciplinary action(s) that has been taken during this appraisal period.

0	1	2	3	4
Does Not Meet Standards	Partially Meets Standards	Meets Standards	Exceeds Standards	Consistently Exceeds Standards

- | Responsibility | Rating |
|---|--------|
| 1. Coordinates community services staff monitoring of residential facilities, maintains monitoring data base. | 3 |
| 2. Provides technical assistance; consultations to staff in the service delivery system in order to address quality of life issues. | 2 |
| 3. Provides technical assistance; consultations to staff in order to address quality of life issues & standards compliance. | 2 |
| 4. Development of resources, funding processes, individuals in order to promote services in at least repetitive settings; serves as liaison between the regional community services office and the 310 Case managers and provides technical assistance with standards compliance. | 2 |
| 5. Review Medicaid Redetermination forms and completes Medicaid Review forms as needed. | 3 |
| 6. Serves as case manager of a select group of individuals in order to facilitate community living. | 3 |
| 7. Composes clinical documents, reports and correspondence on individual programs, issues for use in client services and program enhancement. | |
| 8. | |
| 9. | |
| 10. | |

RESPONSIBILITY SCORE:

$\frac{18}{\text{Total of Responsibilities/Results Ratings}} \div \frac{7}{\text{Number of Responsibilities}} =$

$\frac{2.57}{\text{Average Responsibility Rating}} \times 10 = \frac{25.7}{\text{Responsibility Score}}$

DISCIPLINARY ACTIONS: Any disciplinary action taken with the employee during this appraisal period is to be documented below. Provide the number of disciplinary actions and steps taken with the employee during the appraisal year. If no disciplinary action has been taken, a "0" should be marked in each block provided. Attach a copy of the warning(s), reprimand(s), suspension(s) or demotion to the Appraisal.

Warning	Reprimand	Suspension	Demotion
0	0	0	0

DISCIPLINARY SCORE: This section should include the use of the discipline steps of reprimand, suspension, and demotion only. The Disciplinary Score does not include scores for counseling and warnings. To calculate the Disciplinary Score, identify the most severe step of discipline taken with the employee during this appraisal period. If the most severe step was one or more reprimands, the Disciplinary Score will be 7. If the most severe step was one or more suspensions, the Disciplinary Score will be 17. If the most severe step taken with the employee in the appraisal year was one or more demotions, the Disciplinary Score will be 24. Otherwise, the Disciplinary Score will be 0.

DISCIPLINARY SCORE: 0

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WORK HABITS: Provide a check in the appropriate space to document that the policies and procedures concerning the following areas have been discussed with the employee. For instructions, refer to the Performance Appraisal Manual and policies of the agency.

CHECK WHEN DISCUSSED:

_____	Attendance
_____	Punctuality
_____	Cooperation with Coworkers
_____	Compliance with Rules

PREAPPRAISAL SIGNATURES: Signatures are mandatory.

Date the Preappraisal Session was held with the employee: _____

Employee Signature: (denotes discussion and receipt of form, not agreement) _____

Rater Signature: (denotes discussion and employee receipt of form) _____

Reviewer Signature: _____

EMPLOYEE PERFORMANCE MIDAPPRAISAL

Describe any employee's strength(s) in performing responsibilities and/or conducting work habits, as observed, during the first half of the appraisal period.

Describe any area(s) that the employee needs to improve in performance of responsibilities and/or work habits, as observed, during the first half of the appraisal period. Document any actions taken or the corrective action plan that was developed to improve the areas of weakness. If a plan has not been developed, it is appropriate for the rater to consider developing a plan at this time.

State the areas where the employee has performed in a fully competent manner during the first half of the appraisal period. Documentation in this area means that the employee performed to the expected level of performance as discussed in the Preappraisal session. If there is no documentation in the first two areas, this section should be completed.

A Midappraisal session has been held on this date and performance has been discussed: _____

Employee Signature: _____ Initial if comments attached: _____

Rater Signature: _____ Initial if comments attached: _____

Reviewer Signature: _____ Initial if comments attached: _____

(Signatures denote that a Midappraisal session has been held between the supervisor and employee. Signatures are mandatory. Employee signature does not denote agreement but discussion of the form and rater comments. Comments may be attached. The person attaching comments must initial in the appropriate space.)

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